

(1) PLACE OF BIRTH

County of Calhoun  
Township of Lions  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 402

File No. - For State Registrar Only  
**3093**

Registered No. 17  
(For use of Local Registrar)

St. 1 (Ward)

(2) Full Name of Child John Jr. Moore

If child is not yet named, make supplemental report as directed

1. Sex of Child Male  
2. Date of Birth 2-16-23  
3. Time of Birth 10:00  
4. Number in order of birth 1  
To be answered only in event of Twins or Triplets

5. Are Parents Married? yes

DATE OF BIRTH 2-16-23  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

6. Full Name of Father Earnest Moore

14. Name before Marriage Mary Pickens

7. Present Postoffice of Father 6 Glouce S.

12. Present Postoffice of Mother 6 Glouce S.

8. Color or Race White  
9. Age at Last Birthday 25

16. Color or Race White

17. Age at Last Birthday 40

10. Birthplace Glouce

18. Birthplace Orangeburg

11. Occupation Farmer

19. Occupation House wife

Number of children born to mother, including present birth 4

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:00 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Anna Signer

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 225 S. 1st St.

Given name added from a supplemental report

(26) Witness Mrs. Smith

(Signature of Witness necessary only when question 23 is signed by mark)

2-22-23 (27) W. H. Keller

When signed by a child